

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF NEW YORK

Case number (if known)

Chapter 7

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	River Meadows, LLC		
2. All other names debtor used in the last 8 years	DBA James Square Nursing & Rehabilitation Centre		
Include any assumed names, trade names and doing business as names			
3. Debtor's federal Employer Identification Number (EIN)	47-3481602		
4. Debtor's address	Principal place of business 918 James St Syracuse, NY 13203	Mailing address, if different from principal place of business Number, Street, City, State & ZIP Code Onondaga County	P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)			
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor

River Meadows, LLC

Name

Case number (if known) _____

7. Describe debtor's business A. *Check one:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. *Check all that apply*

Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**6231****8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

Chapter 7
 Chapter 9
 Chapter 11. *Check all that apply:*

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? No. Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

List all cases. If more than 1, attach a separate list

 No Yes.

Debtor _____ Relationship _____

District _____ When _____ Case number, if known _____

Debtor

River Meadows, LLC

Name

Case number (if known) _____

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)** It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

 It needs to be physically secured or protected from the weather. It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). Other _____**Where is the property?**

Number, Street, City, State & ZIP Code _____

Is the property insured? No Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds** *Check one:* Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors** 1-49
 50-99
 100-199
 200-999 1,000-5,000
 5001-10,000
 10,001-25,000 25,001-50,000
 50,001-100,000
 More than 100,000**15. Estimated Assets** \$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million \$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million \$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion**16. Estimated liabilities** \$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million \$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million \$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

Debtor River Meadows, LLC _____ Case number (if known) _____
Name _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 10, 2019
MM / DD / YYYY

X /s/ Abraham A. Gutnicki

Signature of authorized representative of debtor

Abraham A. Gutnicki

Printed name

Title Member

18. Signature of attorney

X /s/ Stephen Z. Starr

Signature of attorney for debtor

Date January 10, 2019

MM / DD / YYYY

Stephen Z. Starr

Printed name

Starr & Starr, PLLC

Firm name

**260 Madison Ave., 17th Fl
New York, NY 10016-2404**

Number, Street, City, State & ZIP Code

Contact phone (212) 867-8165

Email address _____

3793 NY

Bar number and State

**WRITTEN CONSENT TO ACTION
RIVER MEADOWS, LLC**

January 10, 2019

The undersigned, being the Managers (the "Managers") of RIVER MEADOWS, LLC, a New York limited liability company (the "Company"), consent to the adoption of the following resolutions with full force and effect as if they had been duly adopted at a meeting pursuant to notice:

WHEREAS, the Company has ceased operations and is unable to continue as a going concern and after having explored other alternatives the Managers having determined that the filing by the Company of a petition for relief under Chapter 7 of the United States Bankruptcy Code in the United States Bankruptcy Court for the Northern District of New York is in the best interest of the Company and its creditors; and

WHEREAS, the Company has engaged the services of a law firm to represent it in connection with such Chapter 7 bankruptcy proceedings.

NOW, THEREFORE, BE IT RESOLVED, that the Managers deem it advisable and in the best interests of the Company and its creditors to file a petition for relief under Chapter 7 of the United States Bankruptcy Code in the United States Bankruptcy Court for the Northern District of New York and such filing is hereby ratified and approved; and it is

FURTHER RESOLVED, that the attorney-client agreement between the Company and Starr & Starr PLLC, dated as of December 12, 2018, to engage Starr & Starr, PLLC to render legal services to, and to represent, the Company in connection with such Chapter 7 proceedings is hereby ratified and approved; and it is

FURTHER RESOLVED, that Abraham A. Gutnicki, one of the Managers of the Company, is hereby authorized to execute any necessary petition, schedules, and documents, without limitation, on behalf of the Company in connection with the commencement and continuance of such Chapter 7 proceedings, and any other related matters in connection therewith; and it is

FURTHER RESOLVED, that Abraham A. Gutnicki, one of the Managers of the Company, is hereby authorized to appear and testify on behalf of the Company, at the meeting of creditors convened pursuant to section 341(a) of the United States Bankruptcy Code, and any adjournments thereof; and it is

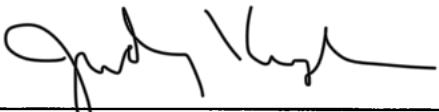
FURTHER RESOLVED, that this Written Consent to Action may be executed in counterpart originals and delivered by facsimile or electronically, which, when fully executed shall constitute a full and original document for all purposes

The undersigned has signed this Written Consent as of the date first written above.

MANAGERS:



Abraham A. Gutnicki, Manager



Judy Kushner, Manager

Being the Managers of River Meadows, LLC

Fill in this information to identify the case:

Debtor name River Meadows, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 10, 2019

X /s/ Abraham A. Gutnicki

Signature of individual signing on behalf of debtor

Abraham A. Gutnicki

Printed name

Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **River Meadows, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ **2,204,952.43**

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ **2,204,952.43**

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **231,000.00**

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **4,965,931.73**

4. Total liabilities

Lines 2 + 3a + 3b

\$ **5,196,931.73**

Fill in this information to identify the case:

Debtor name **River Meadows, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. **CIBC**

Checking

8140

\$4,952.43

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$4,952.43

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old:

1,000,000.00

-

500,000.00

=....

\$500,000.00

face amount

doubtful or uncollectible accounts

Debtor River Meadows, LLC
Name

Case number (*If known*) _____

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$500,000.00

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.
 Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.
 Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.
 Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.
 Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes Fill in the information below.

**Current value of
debtor's interest**

Debtor River Meadows, LLC _____ Case number (*If known*) _____
Name _____

71.	Notes receivable Description (include name of obligor)	
72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)	
73.	Interests in insurance policies or annuities	
74.	Causes of action against third parties (whether or not a lawsuit has been filed) Contractual claims against Eliezer Friedman a/k/a Eli Friedman	\$1,700,000.00
	Nature of claim contractual claims for breach of contract	
	Amount requested \$1,700,000.00	
<hr/>		
75.	Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims	
76.	Trusts, equitable or future interests in property	
77.	Other property of any kind not already listed Examples: Season tickets, country club membership	
78.	Total of Part 11. Add lines 71 through 77. Copy the total to line 90.	\$1,700,000.00
79.	Has any of the property listed in Part 11 been appraised by a professional within the last year?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor River Meadows, LLC
Name

Case number (*If known*) _____

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$4,952.43</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$500,000.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+ \$1,700,000.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$2,204,952.43</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$2,204,952.43</u>

Fill in this information to identify the case:

Debtor name **River Meadows, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim	Column B Value of collateral that supports this claim
2.1	<p>HES Financing, LLC</p> <p>Creditor's Name Attn: Nancy Needman 4711 Gold Rd St 200 Skokie, IL 60076</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 11/26/18</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>Describe debtor's property that is subject to a lien Over 90 days old: accounts receivable (collectable vs. uncollectable amounts are estimates only)</p> <p>Describe the lien secured loan transaction</p> <p>Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)</p>	<p>\$231,000.00</p> <p>\$500,000.00</p>

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$231,000.00**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **River Meadows, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address ABILITY NETWORK INC PO BOX 856015 MINNEAPOLIS, MN 55485-6015 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,114.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: vendor or supplier of goods or services to the Debtor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address ACCESS MEDICAL SOLUTION DB&B MEDICAL PO BOX 340 NEW HARTFORD, NY 13413-0340 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$812.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: vendor or supplier of goods or services to the Debtor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address ACPL (ACCELERATED CARE PLUS LE EFT/CC 13828 COLLECTIONS CENTER DR CHICAGO, IL 60693 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,510.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: vendor or supplier of goods or services to the Debtor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address ACTION PRINTWEAR 2566 WARNERS ROAD P. O. BOX 34 WARNERS, NY 13164 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,876.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: vendor or supplier of goods or services to the Debtor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.5	<p>Nonpriority creditor's name and mailing address ADAMS APPLE SERVICES 106 S ARTERIAL RD SYRACUSE, NY 13206</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.6	<p>Nonpriority creditor's name and mailing address ADDCOM 7268 CASWELL PLACE N. SYRACUSE, NY 13212</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.7	<p>Nonpriority creditor's name and mailing address ADP, LLC - EFT PO BOX 842875 BOSTON, MA 02284-2875</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.8	<p>Nonpriority creditor's name and mailing address AETNA ATTN: MSC 410837 PO BOX 415000 NASHVILLE, TN 37241-0837</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.9	<p>Nonpriority creditor's name and mailing address AGNES KRUCZEK 918 JAMES STREET SYRACUSE, NY 13203</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.10	<p>Nonpriority creditor's name and mailing address ALICIA CALAGIOVANNI, PUBLIC AD ONONDAGA COUNTY PUBLIC ADMIN OFF 500 PLUM ST SYRACUSE, NY 13202</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.11	Nonpriority creditor's name and mailing address ALIMED ATTN: LOCKBOX 206417 2975 REGENT BLVD IRVING, TX 75063 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address AMANDA DILLION c/o Knych & Whritenour, LLC 300 S State St Ste 403 Syracuse, NY 13202 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>damages claim against Debtor in connection with death of Larry Austin (pending in Onondaga Supreme Court, Index No. 4038/18)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address AMER FOOD & VENDING CORP 124 METROPOLITAN PARK DR Liverpool, NY 13088 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address AMERICAN ARBITRATION ASSOCIATION 1301 ATWOOD AVENUE SUITE 211N JOHNSTON, RI 02919 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address AMERICAN PROGRESSIVE TODAYS OPTIONS PO BOX 505057 ST LOUIS, MO 63150-5057 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address ANITA CIANNILLI c/o Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>damages claim against Debtor in connection with damages claim of former resident (pending in Onondaga Supreme Court, Index No. 2016EF984)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	River Meadows, LLC Name	Case number (if known)
3.17	<p>Nonpriority creditor's name and mailing address ANTHONY JOHN TANGREDI c/o Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>damages claim against Debtor in connection with death of Anthony Tangredi (pending in Onondaga Supreme Court, Index No. 1472/18)</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.18	<p>Nonpriority creditor's name and mailing address APPROVED ADMISSIONS, LLC 545 8TH AVE SUITE 840 NEW YORK, NY 10018</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.19	<p>Nonpriority creditor's name and mailing address AQUA TECHNICAL SVC P.O. BOX 193 LIVERPOOL, NY 13088</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,821.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.20	<p>Nonpriority creditor's name and mailing address ARISE CHILD & FAMILY 635 JAMES STREET SYRACUSE, NY 13203-2226</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,952.40</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.21	<p>Nonpriority creditor's name and mailing address ASSESSMENT FUND OFFICEPOOL ADMINISTRATION P. O. BOX 4757 SYRACUSE, NY 13221-4757</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$588,679.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.22	<p>Nonpriority creditor's name and mailing address ASSOC MEDICAL PROF. 1226 EAST WATER STREET SYRACUSE, NY 13210-1155</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$958.54</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.23	<p>Nonpriority creditor's name and mailing address BARBARA ANN CALKINS c/o Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551</p> <p>Date(s) debt was incurred <u>2017</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>damages claim against Debtor in connection with death of Anthony Tangredi (pending in Onondaga Supreme Court, Index No. 1472/18)</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.24	<p>Nonpriority creditor's name and mailing address BARBARA BROWN c/o Nicholas Perot et al. 12364 Main Rd Akron, NY 14001</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>damages claim against Debtor in connection with damages claim of former resident (pending in Onondaga Supreme Court, Index No. 1471/18)</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.25	<p>Nonpriority creditor's name and mailing address BAUDVILLE 5380 52ND STREET SE GRAND RAPIDS, MI 49512</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44.20</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.26	<p>Nonpriority creditor's name and mailing address BEST COMFORT CARE TRANSPORTATION 335 B RIEGEL ST SYRACUSE, NY 13206</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$325.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.27	<p>Nonpriority creditor's name and mailing address BILLINSON ATTORNEY & COUNSELORS AT LAW 342 S SALINA ST SYRACUSE, NY 13202</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,242.86</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.28	<p>Nonpriority creditor's name and mailing address BIO-MED EXPRESS 2323 W. GENESEE RD BALDWINSVILLE, NY 13027</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,332.80</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)	
3.29	Nonpriority creditor's name and mailing address BLESSED SACRAMENT 3127 JAMES ST SYRACUSE, NY 13206 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
3.30	Nonpriority creditor's name and mailing address BOND,SCHOENICK & KING ONE LINCOLN CENTER SYRACUSE, NY 13202-1355 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,487.20
3.31	Nonpriority creditor's name and mailing address BOTTOM LINE MANAGEMENT LLC 76 LEIGH DR LAKEWOOD, NY 08701 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
3.32	Nonpriority creditor's name and mailing address BRANDRIGHT MARKETING GROUP 20 BRIDGEWOOD AVE LAKEWOOD, NY 08701 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,850.00
3.33	Nonpriority creditor's name and mailing address BSDCARE, INC 2915 AVENUE K BROOKLYN, NY 11210 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,088.55
3.34	Nonpriority creditor's name and mailing address BYRNE DAIRY PO BOX 176 LAFAYETTE, NY 13084-0176 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,581.05

Debtor	River Meadows, LLC Name	Case number (if known)
3.35	<p>Nonpriority creditor's name and mailing address CALLCARE 1370 ARCADIA RD PO BOX 4651 LANCASTER, PA 17604-4651</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.36	<p>Nonpriority creditor's name and mailing address CAPITAL HEALTH CONSULTING LLC 136 STATE STREET SUITE 501 ALBANY, NY 12207</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.37	<p>Nonpriority creditor's name and mailing address CHARLES GRECO c/o Nicholas Perot et al. 12364 Main Rd Akron, NY 14001</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: damages claim against Debtor in connection with death of Joanne Shafer (pending in Onondaga Supreme Court, Index No. 1473/18)</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.38	<p>Nonpriority creditor's name and mailing address CMS COMPLIANCE GROUP INC 68 SOUTH SERVICE RD SUITE 100 MELVILLE, NY 11747</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.39	<p>Nonpriority creditor's name and mailing address COMFORCE, INC PO BOX 74007004 CHICAGO, IL 60674-7002</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.40	<p>Nonpriority creditor's name and mailing address COMM OF TAXATION FINA NYS ASSESSMENT RECEIVABLE PO BOX 4127 BINGHAMTON, NY 13902-4127</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.41	<p>Nonpriority creditor's name and mailing address CONFIDATA PO BOX 353 UTICA, NY 13503-0353</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.42	<p>Nonpriority creditor's name and mailing address COPY CENTERS PO BOX 35612 UNIVERSITY STATION SYRACUSE, NY 13235</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.43	<p>Nonpriority creditor's name and mailing address CUMMINS SALES AND SERVICE 6193 EASTERN AVE SYRACUSE, NY 13211</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.44	<p>Nonpriority creditor's name and mailing address DAVIS-ULMER SPRINKLER INC 300 METRO PARK ROCHESTER, NY 14623</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.45	<p>Nonpriority creditor's name and mailing address DE VORE RECRUITING INC 5517 COLUMBUS AVE SHERMAN OAKS, CA 91411</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.46	<p>Nonpriority creditor's name and mailing address DENNIS WILLIAMS 918 JAMES STREET SYRACUSE, NY 13203</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.47	<p>Nonpriority creditor's name and mailing address DENTSERV DENTAL SERVICES, PC 15 CANAL RD PELHAM MANOR, NY 10803</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.48	<p>Nonpriority creditor's name and mailing address DEPT MEDICINE MEDICA 550 E GENESEE ST SUITE 201 SYRACUSE, NY 13202</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.49	<p>Nonpriority creditor's name and mailing address DIRECT SUPPLY HEALTH CARE EQUIPMENT P.O. BOX 88201 MILWAUKEE, WI 53288-0201</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.50	<p>Nonpriority creditor's name and mailing address DOYLE PO BOX 28460 NEW YORK, NY 10087</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.51	<p>Nonpriority creditor's name and mailing address EAST COAST UNDERLAYMENTS, INC 6713 JOY ROAD EAST SYRACUSE, NY 13057</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.52	<p>Nonpriority creditor's name and mailing address ECOLAB FOOD SAFETY SPECIALTIES 24198 NETWORK PLACE CHICAGO, IL 60673-1241</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)	
3.53	Nonpriority creditor's name and mailing address ECOLAB PEST ELIMINATION DIVISI 26252 NETWORK PLACE CHICAGO, IL 60673-1262 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,751.62
3.54	Nonpriority creditor's name and mailing address EDWARD JOY 905 CANAL ST. P.O. BOX 6967 SYRACUSE, NY 13210 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$830.50
3.55	Nonpriority creditor's name and mailing address EMEDCO PO BOX 369 BUFFALO, NY 14240 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.07
3.56	Nonpriority creditor's name and mailing address EMPIRE ARCHIVES, INC PO BOX 1142 SYRACUSE, NY 13201 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,115.08
3.57	Nonpriority creditor's name and mailing address ERIC MOWER & ASSOCIATES 30 SOUTH PEARL STREET SUITE 1210 ALBANY, NY 12207 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,860.00
3.58	Nonpriority creditor's name and mailing address FINANCIAL PACIFIC LEASING PO BOX 749642 LOS ANGELES, CA 90074 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,527.65

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)	
3.59	Nonpriority creditor's name and mailing address FIRE DETECTION SYSTEMS, INC 1757 US RTE 11 PO BOX 94 HASTINGS, NY 13076	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,171.80
3.60	Nonpriority creditor's name and mailing address FIRST INSURANCE FUNDING CORP 450 SKOKIE BLVD SUITE 1000 NORTHBROOK, IL 60062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.88
3.61	Nonpriority creditor's name and mailing address FRADON 467 BURNET AVE. SYRACUSE, NY 13203	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$787.60
3.62	Nonpriority creditor's name and mailing address FRED CIANNILLI c/o Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>damages claim against Debtor in connection with damages claim of former resident (pending in Onondaga Supreme Court, Index No. 2016EF984)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.63	Nonpriority creditor's name and mailing address GCHMO, INC 699 CROSS STREET SUITE 208 LAKEWOOD, NY 08701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.64	Nonpriority creditor's name and mailing address GERHARZ 6146 EAST MOLLOY ROAD E. SYRACUSE, NY 13057	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$246.82

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)	
3.65	Nonpriority creditor's name and mailing address GOLDBERG SEGALLA, LLP PO BOX 1057 BUFFALO, NY 14201 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,123.44
3.66	Nonpriority creditor's name and mailing address GRAINGER DEPT 827101734 PALATINE, IL 60038-0001 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$929.22
3.67	Nonpriority creditor's name and mailing address GREAT AMERICAN INSURANCE CO SPECIALTY ACCOUNTING PO BOX 89400 CLEVELAND, OH 44101-6400 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177,404.85
3.68	Nonpriority creditor's name and mailing address GUTNICKI LLP 4711 GOLF ROAD SUITE 200 SKOKIE, IL 60076 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,537.53
3.69	Nonpriority creditor's name and mailing address HANCOCK ESTABROOK LLP 1500 AXA TOWER 1 100 MADISON STREET SYRACUSE, NY 13202 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$546.00
3.70	Nonpriority creditor's name and mailing address HANGER PROSTHETICS & ORTHOTICS PO BOX 650846 DALLAS, TX 75265-0846 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.74

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.71	<p>Nonpriority creditor's name and mailing address HARBOR LINEN PO BOX 3510 CHERRY HILL, NJ 08034</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.72	<p>Nonpriority creditor's name and mailing address HARBOR PHARMACY 192 WEST 1ST ST OSWEGO, NY 13126</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.73	<p>Nonpriority creditor's name and mailing address HAUN 5921 COURT ST. RD. SYRACUSE, NY 13206</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.74	<p>Nonpriority creditor's name and mailing address HEALTH SYSTEM SERVICE 6867 WILLIAMS ROAD NIAGARA FALLS, NY 14304</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.75	<p>Nonpriority creditor's name and mailing address HINMAN, HOWARD & KATTELL 80 EXCHANGE STREET PO BOX 5250 BINGHAMTON, NY 13902</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.76	<p>Nonpriority creditor's name and mailing address HMM, CPAS LLP 527 TOWNLINE RD SUITE 203 HAUPPAUGE, NY 11788</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.77	Nonpriority creditor's name and mailing address HR-REVOLUTION PO BOX 59195 CHICAGO, IL 60659	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed \$107.50
	Date(s) debt was incurred <u>2018</u>	Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.78	Nonpriority creditor's name and mailing address HUMANA HEALTHCARE PLANS PO BOX 931655 ATLANTA, GA 31193-1655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed \$7,575.00
	Date(s) debt was incurred <u>2018</u>	Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79	Nonpriority creditor's name and mailing address HYPERTYPE INC 39 HALADA DR LAKE GEORGE, NY 12845	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed \$460.20
	Date(s) debt was incurred <u>2018</u>	Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80	Nonpriority creditor's name and mailing address ICS SOLUTIONS GROUP (MICROTECH PO BOX 5 ENDICOTT, NY 13761	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed \$322.92
	Date(s) debt was incurred <u>2018</u>	Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.81	Nonpriority creditor's name and mailing address INNOVATIVE COST SOLUTIONS INC 863 TURNPIKE STREET UNIT 224 NORTH ANDOVER, MA 01845	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed \$994.53
	Date(s) debt was incurred <u>2018</u>	Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.82	Nonpriority creditor's name and mailing address INTEGRA SCRIPTS LLC 160 AIRPORT ROAD LAKEWOOD, NY 08701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed \$16,104.15
	Date(s) debt was incurred <u>2018</u>	Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.83	<p>Nonpriority creditor's name and mailing address IRENE ROTELLA c/o Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>damages claim against Debtor in connection with death of Teresa Ferraro (pending in Onondaga Supreme Court, Index No.))</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.84	<p>Nonpriority creditor's name and mailing address IRON MOUNTAIN P. O. BOX 27128 NEW YORK, NY 10087-7128</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.85	<p>Nonpriority creditor's name and mailing address ISAAC HEATING & AIR CONDITIONING 50 HOLLEDER PARKWAY ROCHESTER, NY 14615</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.86	<p>Nonpriority creditor's name and mailing address JACOBSTEIN FOOD 15 AIRLINE DRIVE ROCHESTER, NY 14624</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.87	<p>Nonpriority creditor's name and mailing address JAMES A. MAKAL c/o Nicholas Perot et al. 12364 Main Rd Akron, NY 14001</p> <p>Date(s) debt was incurred <u>2017</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>damages claim against Debtor in connection with death of Andrew E. Makal (pending in Onondaga Supreme Court, Index No. 4633/17)</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.88	<p>Nonpriority creditor's name and mailing address JOHNSTON FOOD SERV & CLEANING SOLUTIONS P.O. BOX 736 AUBURN, NY 13021</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.89	<p>Nonpriority creditor's name and mailing address JOSEPH MAILLOUX 1056 COUNTRY ROUTE 37 CENTRAL SQUARE, NY 13036</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.90	<p>Nonpriority creditor's name and mailing address K & A RADIOLOGIC TECH 6400 COLLAMER ROAD EAST SYRACUSE, NY 13057-1621</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.91	<p>Nonpriority creditor's name and mailing address KIMBERLEE FIELDS 431 WYGANT STREET HORSEHEADS, NY 14845</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.92	<p>Nonpriority creditor's name and mailing address KONE INC PO BOX 7247 PHILADELPHIA, PA 19170-6082</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.93	<p>Nonpriority creditor's name and mailing address LABORATORY ALLIANCE 1001 W FAYETTE ST STE 300 SYRACUSE, NY 13024</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.94	<p>Nonpriority creditor's name and mailing address LTC EXECUTIVE COUNCIL P. O. BOX 934 SYRACUSE, NY 13201</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.95	<p>Nonpriority creditor's name and mailing address MABEL HENRY 101 WESTCOTT ST SYRACUSE, NY 13210</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.96	<p>Nonpriority creditor's name and mailing address MARCUM 111 S PFINGSTEN RDSUITE 300 DEERFIELD, IL 60015</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.97	<p>Nonpriority creditor's name and mailing address MARION FOERTCH c/o Greene & Reid, PLLC 173 Intrepid Ln Syracuse, NY 13205</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: damages claim against Debtor in connection with death of Ronald A. Foertch (pending in Onondaga Supreme Court, Index No. 5775/18)</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.98	<p>Nonpriority creditor's name and mailing address MARY ANN GAZZARA c/o Nicholas Perot et al. 12364 Main Rd Akron, NY 14001</p> <p>Date(s) debt was incurred <u>2017</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: damages claim against Debtor in connection with death of Mary C. Fragola (action previously pending in Onondaga Supreme Court, Index No. 2016EF5230)</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.99	<p>Nonpriority creditor's name and mailing address MCKESSON MEDICAL-SURGICAL PO BOX 630693 CINCINNATI, OH 45263-0693</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.100	<p>Nonpriority creditor's name and mailing address MED PART 3052 BRIGHTON 1ST STSUITE 502 BROOKLYN, NY 11235</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.101	Nonpriority creditor's name and mailing address MEDICAL STAFFING NETWORK PO BOX 840292 DALLAS, TX 75284-0292 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102	Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES INC PO BOX 382075 PITTSBURGH, PA 15251-8075 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$27,280.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.103	Nonpriority creditor's name and mailing address MENTO 946 SPENCER ST SYRACUSE, NY 13204 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,520.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.104	Nonpriority creditor's name and mailing address MICHAEL FARRUGIO c/o finkelstein, Blankinship et al. 445 Hamilton Ave White Plains, NY 10601 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>damages claim against Debtor in connection with deaths of Theresa Farrugio and Susan Karpen, and similarly situated (pending in Onondaga Supreme Court, Index No. 3831/17)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.105	Nonpriority creditor's name and mailing address MICHELE M. PONTILLO c/o Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>damages claim against Debtor in connection with death of Barbara I. Fariano (pending in Onondaga Supreme Court, Index No. 11672/18)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.106	Nonpriority creditor's name and mailing address MICHELLE HEATER c/o Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>damages claim against Debtor in connection with damages claim of former resident (pending in Onondaga Supreme Court, Index No. 6254/17)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.107	<p>Nonpriority creditor's name and mailing address MID-STATE DOOR INC 602 CAMBRIDGE AVENUE SYRACUSE, NY 13208</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.108	<p>Nonpriority creditor's name and mailing address MIDSTATE BAKERY P. O. BOX 23374 ROCHESTER, NY 14692</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.109	<p>Nonpriority creditor's name and mailing address MOHAWK HOSPITAL EQUIPMENT 335 COLUMBIA ST Utica, NY 13502</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.110	<p>Nonpriority creditor's name and mailing address MONROE EXTINGUISHER 105 DODGE ST P. O. BOX 60980 ROCHESTER, NY 14606-0980</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.111	<p>Nonpriority creditor's name and mailing address MR ROOTER OF GREATER SYRACUSE 1770 ERIE BLVD WEST SYRACUSE, NY 13204</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.112	<p>Nonpriority creditor's name and mailing address NANCY WILCOX c/o Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>damages claim against Debtor in connection with damages claim of former resident Penny Wilcox (pending in Onondaga Supreme Court, Index No. 8909/18)</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)	
3.113	Nonpriority creditor's name and mailing address NEC FINANCIAL 24189 NETWORK PLACE CHICAGO, IL 60673-1241 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.09
3.114	Nonpriority creditor's name and mailing address NORTHWEST REFUSE SERVICE 2001 WINDSOR AVE BALTIMORE, MD 21217 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,000.25
3.115	Nonpriority creditor's name and mailing address NY URGENT CARE PRACTICE FIVE STAR PO BOX 500 ELLICOTTVILLE, NY 14731-0500 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,461.00
3.116	Nonpriority creditor's name and mailing address OCA BENEFIT SERVICES, LLC 3705 QUAKERBRIDGE RD SUITE 216 MERCERVILLE, NJ 08619 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$952.50
3.117	Nonpriority creditor's name and mailing address OMNICARE INC. DEPT. 781668 PO BOX 78000 DETROIT, MI 48278-1668 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224.69
3.118	Nonpriority creditor's name and mailing address ORIL SUMMERTON 918 JAMES STREET SYRACUSE, NY 13203 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,770.24

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)	
3.119	Nonpriority creditor's name and mailing address PATIENT POINT HOSPITAL SOLUTION 11408 OTTER CREEK SOUTH RD MABELVALE, AR 72103 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,394.00
3.120	Nonpriority creditor's name and mailing address PEOPLE SYSTEMS PO BOX 4816 SYRACUSE, NY 13221-4816 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.121	Nonpriority creditor's name and mailing address PERFORMANCE FOODSERVICE PO BOX 3024 Springfield, MA 01104-3024 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101,721.71
3.122	Nonpriority creditor's name and mailing address PERFORMANCE HEALTH 28100 TORCH PKWY WARRENVILLE, IL 60555 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,691.88
3.123	Nonpriority creditor's name and mailing address PFG SPRINGFIELD PO BOX 3024 SPRINGFIELD, MA 01104-3024 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164,140.60
3.124	Nonpriority creditor's name and mailing address PLUMBMMASTER P. O. BOX 117187 ATLANTA, GA 30368 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,720.67

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.125	Nonpriority creditor's name and mailing address PMA COMPANIES, INC ALTERNATIVE MARKETS PO BOX 824857 PHILADELPHIA, PA 19182-4857 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.126	Nonpriority creditor's name and mailing address PRECISION DYNAMICS PO BOX 71549 CHICAGO, IL 60694 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.127	Nonpriority creditor's name and mailing address PREMIER MEDICAL EQUIPMENT, LLC PO BOX 2279 LIVERPOOL, NY 13089 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.128	Nonpriority creditor's name and mailing address PRIME TIME HEALTHCARE LLC C/O AMERICAN NATIONAL BANK PO BOX 3544 OMAHA, NE 68103 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.129	Nonpriority creditor's name and mailing address PROCUREMENT PARTNERS 6650 SUGARLOAF PARKWAY SUITE 400 A DULUTH, GA 30097 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.130	Nonpriority creditor's name and mailing address PROVIDIGM, LLC DEPT CH 19808 PALATINE, IL 60055-9808 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)	
3.131	Nonpriority creditor's name and mailing address PURCELLS 59020 BRIDGE ST EAST SYRACUSE, NY 13057 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198.40
3.132	Nonpriority creditor's name and mailing address RESPIRATORY THERAPY RESOURCES 326 FAY RD SYRACUSE, NY 13219-1612 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180.00
3.133	Nonpriority creditor's name and mailing address ROGER HOGAN 115 LEONARD STREET SYRACUSE, NY 13211 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.134	Nonpriority creditor's name and mailing address RTG MEDICAL 1005 E. 23RD ST SUITE 200 FREMONT, NE 68025 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131,447.27
3.135	Nonpriority creditor's name and mailing address S&R TRANSPORTATION 335 A RIEGEL ST SYRACUSE, NY 13206 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$215.00
3.136	Nonpriority creditor's name and mailing address SANTEC 1420 LINDEN AVE LINCOLN, NJ 07036 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,467.56

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.137	<p>Nonpriority creditor's name and mailing address SB2 INC 1426 N 3RD ST SUITE 200 HARRISBURG, PA 17102</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.138	<p>Nonpriority creditor's name and mailing address SCOTT LAWRENCE SAURO c/o Nicholas Perot et al. 12364 Main Rd Akron, NY 14001</p> <p>Date(s) debt was incurred <u>2017</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: damages claim against Debtor in connection with death of Carolyn Robb (action previously pending in Onondaga Supreme Court, Index No. 2016EF5526)</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.139	<p>Nonpriority creditor's name and mailing address SHERRI HOGAN 918 JAMES STREET SYRACUSE, NY 13203</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.140	<p>Nonpriority creditor's name and mailing address SHIRLEY CAOLO c/o Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: damages claim against Debtor in connection with death of Theodoa Laduke (pending in Onondaga Supreme Court, Index No. 1472/18)</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.141	<p>Nonpriority creditor's name and mailing address SHUSTER'S FLOORING 9655 BREWERTON ROAD BREWERTON, NY 13029</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.142	<p>Nonpriority creditor's name and mailing address SMARTLINX SOLUTIONS 333 THORNALL ST EDISON, NJ 08837</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.143	Nonpriority creditor's name and mailing address SOCIAL SECURITY ADMINISTRATION PO BOX 3430 PHILADELPHIA, PA 19122-9985	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed \$3,855.00
	Date(s) debt was incurred <u>2018</u>	Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144	Nonpriority creditor's name and mailing address SPECTROTEL PO BOX 1949 NEWARK, NJ 07101-1949	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$277.35
	Date(s) debt was incurred <u>2018</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Last 4 digits of account number _____	Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.145	Nonpriority creditor's name and mailing address ST JOSEPH'S MEDICAL 301 PROSPECT AVENUE SYRACUSE, NY 13203-5375	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$207.86
	Date(s) debt was incurred <u>2018</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Last 4 digits of account number _____	Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.146	Nonpriority creditor's name and mailing address STANDARD TEXTILE PO BOX 630302 CINCINNATI, OH 45263-0302	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$367.31
	Date(s) debt was incurred <u>2018</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Last 4 digits of account number _____	Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147	Nonpriority creditor's name and mailing address STERICYCLE, INC. PO BOX 6575 CAROL STREAM, IL 60197-6582	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,388.83
	Date(s) debt was incurred <u>2018</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Last 4 digits of account number _____	Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148	Nonpriority creditor's name and mailing address STRAY CAT 1010 WHISPER RIDGE DR CHITTENANGO, NY 13037	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$200.00
	Date(s) debt was incurred <u>2018</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Last 4 digits of account number _____	Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.149	Nonpriority creditor's name and mailing address SUBURBAN TRANSP. SVC 6327 EAST MOLLOY RD EAST SYRACUSE, NY 13057-1023 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.150	Nonpriority creditor's name and mailing address SUNBELT STAFFING DEPT CH 14430 PALATINE, IL 60055-4430 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.151	Nonpriority creditor's name and mailing address SUPERIOR TONER TECHNOLOGIES 98 PRESSBURG LANE LAKEWOOD, NJ 08701 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.152	Nonpriority creditor's name and mailing address SYRACUSE CORINTHIAN 930 JAMES STREET SYRACUSE, NY 13203 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.153	Nonpriority creditor's name and mailing address SYRACUSE LIGHTSCAPES, INC 202 ARTERIAL RD STE 100 SYRACUSE, NY 13206 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.154	Nonpriority creditor's name and mailing address SYRACUSE ORTHOPEDIC ATTN: BILLING MC TEAM 5719 WIDEWATERS PKWY SYRACUSE, NY 13214-1880 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.155	<p>Nonpriority creditor's name and mailing address TAMMY LAFORCE c/o Nicholas Perot et al. 12364 Main Rd Akron, NY 14001</p> <p>Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>damages claim against Debtor in connection with death of Curt LaForce (action previously pending in Onondaga Supreme Court, Index No. 2016EF5010)</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.156	<p>Nonpriority creditor's name and mailing address TENDER TOUCH REHAB SERVICES PO BOX 781928 PHILADELPHIA, PA 19178-1928</p> <p>Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.157	<p>Nonpriority creditor's name and mailing address THE NURSE CONNECTION STAFFING, INC 1 COMPUTER DR S ALBANY, NY 12205</p> <p>Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.158	<p>Nonpriority creditor's name and mailing address THOMAS CARIOTI c/o Nicholas Perot et al. 12364 Main Rd Akron, NY 14001</p> <p>Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>damages claim against Debtor in connection with death of Caroline Carioti (pending in Onondaga Supreme Court, Index No. 8403/18)</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.159	<p>Nonpriority creditor's name and mailing address TRIAGENOW LLC-CC BILLING DEPARTMENT 55 S McQUEEN GILBERT, AZ 85233</p> <p>Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.160	<p>Nonpriority creditor's name and mailing address UNIVERSITY HOSPITAL PO BOX 3009 NEWARK, NJ 03001</p> <p>Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	River Meadows, LLC Name	Case number (if known)
3.161	<p>Nonpriority creditor's name and mailing address USHERWOOD OFFICE TECHNOLOGY 1005 W FAYETTE ST SYRACUSE, NY 13204</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.162	<p>Nonpriority creditor's name and mailing address VALERIE AUSTIN c/o Knych & Whritenour, LLC 300 S State St Ste 403 Syracuse, NY 13202</p> <p>Date(s) debt was incurred <u>2017</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: damages claim against Debtor in connection with death of Larry Austin (pending in Onondaga Supreme Court, Index No. 4038/18)</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.163	<p>Nonpriority creditor's name and mailing address VISION FINANCIAL GROUP, INC. PO BOX 1000 DEPT 0065 MEMPHIS, TN 38148-0065</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.164	<p>Nonpriority creditor's name and mailing address W.B. MASON CO., INC PO BOX 981101 BOSTON, MA 02298</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.165	<p>Nonpriority creditor's name and mailing address WARREN DUNBAR c/o Nicholas Perot et al. 12364 Main Rd Akron, NY 14001</p> <p>Date(s) debt was incurred <u>2017</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: damages claim against Debtor in connection with death of Judy H. Dunbar (pending in Onondaga Supreme Court, Index No. 1472/18)</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.166	<p>Nonpriority creditor's name and mailing address WEBB, F.W. COMPANY 160 MIDDLESEX TRNPK BEDFORD, MA 01730</p> <p>Date(s) debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: vendor or supplier of goods or services to the Debtor</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<u>River Meadows, LLC</u> Name	Case number (if known)
3.167	Nonpriority creditor's name and mailing address WILLIAM STRACK c/o Nicholas Perot et al. 12364 Main Rd Akron, NY 14001	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown
		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>damages claim against Debtor in connection with damages claim of former resident William Strack(pending in Onondaga Supreme Court, Index No. 9403/18)</u>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.168	Nonpriority creditor's name and mailing address WOH GOVERNMENT SOLUTIONS, LLC %WHITEMAN OSTERMAN & HANNA LLP 1 COMMERCE PL STE 1900 ALBANY, NY 12260	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,494.56
	Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u> </u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: <u>vendor or supplier of goods or services to the Debtor</u>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Anthony C Galli, Esq. Sheats & Bailey, PLLC PO Box 586 Liverpool, NY 13088	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.2	Chaim J. Jaffe, Esq. Scolare Fetter et al. 507 Plum St #300 Syracuse, NY 13204	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.3	Christopher P. Franjoine, Esq. Nicholas Perot et al. 12364 Main Rd Akron, NY 14001	Line <u>3.167</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.4	Craig H. Bernhardt, Esq. Nicholas Perot et al. 12364 Main Rd Akron, NY 14001	Line <u>3.98</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.5	Craig H. Bernhardt, Esq. Nicholas Perot et al. 12364 Main Rd Akron, NY 14001	Line <u>3.138</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.6	Daniel T. Smith, Esq. Nicholas Perot et al. 12364 Main Rd Akron, NY 14001	Line <u>3.155</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.7	Graham Liccardi, Esq. Teller & Levit & Silvertrust PC 19 S LaSalle St Ste 701 Chicago, IL 60603	Line <u>3.121</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—

Debtor	River Meadows, LLC Name	Case number (if known)
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?
4.8	Jeffrey G. Pomeroy, Esq. Greene & Reid, PLLC 173 Intrepid Ln Syracuse, NY 13205	Line <u>3.97</u> <input type="checkbox"/> Not listed. Explain _____
4.9	Mary Ellen Wright, Esq. Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551	Line <u>3.106</u> <input type="checkbox"/> Not listed. Explain _____
4.10	Mary Ellen Wright, Esq. Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551	Line <u>3.140</u> <input type="checkbox"/> Not listed. Explain _____
4.11	Mary Ellen Wright, Esq. Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain _____
4.12	Mary Ellen Wright, Esq. Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551	Line <u>3.62</u> <input type="checkbox"/> Not listed. Explain _____
4.13	Mary Ellen Wright, Esq. Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551	Line <u>3.17</u> <input type="checkbox"/> Not listed. Explain _____
4.14	Mary Ellen Wright, Esq. Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain _____
4.15	Mary Ellen Wright, Esq. Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551	Line <u>3.112</u> <input type="checkbox"/> Not listed. Explain _____
4.16	Mary Ellen Wright, Esq. Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551	Line <u>3.105</u> <input type="checkbox"/> Not listed. Explain _____
4.17	Mary Ellen Wright, Esq. Finkelstein & Partners, LLP 1279 Rte 300 Box 1111 Newburgh, NY 12551	Line <u>3.83</u> <input type="checkbox"/> Not listed. Explain _____
4.18	Matthew E. Whritenour, Esq. Knych & Whritenour, LLC 300 S State St Ste 403 Syracuse, NY 13202	Line <u>3.162</u> <input type="checkbox"/> Not listed. Explain _____
4.19	Matthew E. Whritenour, Esq. Knych & Whritenour, LLC 300 S State St Ste 403 Syracuse, NY 13202	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____

Debtor	River Meadows, LLC Name	Case number (if known)
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?
4.20	Michael R. Zosh, Esq. Nicholas Perot et al. 12364 Main Rd Akron, NY 14001	Line <u>3.158</u> <input type="checkbox"/> Not listed. Explain _____
4.21	Michaelangelo Cieri, Esq. Nicholas Perot et al. 12364 Main Rd Akron, NY 14001	Line <u>3.165</u> <input type="checkbox"/> Not listed. Explain _____
4.22	Michaelangelo Cieri, Esq. Nicholas Perot et al. 12364 Main Rd Akron, NY 14001	Line <u>3.87</u> <input type="checkbox"/> Not listed. Explain _____
4.23	Michaelangelo Cieri, Esq. Nicholas Perot et al. 12364 Main Rd Akron, NY 14001	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____
4.24	Michaelangelo Cieri, Esq. Nicholas Perot et al. 12364 Main Rd Akron, NY 14001	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain _____
4.25	Nicole Marlow-Jones, Esq. 500 Plum St Ste 300 Syracuse, NY 13204-1401	Line <u>3.38</u> <input type="checkbox"/> Not listed. Explain _____
4.26	Relin Goldstein & Crane, LLP 28 E Main St Ste 1800 Rochester, NY 14614-1991	Line <u>3.150</u> <input type="checkbox"/> Not listed. Explain _____
4.27	Sam Spellman, Esq. 43 W 43rd St Ste 129 New York, NY 10036	Line <u>3.109</u> <input type="checkbox"/> Not listed. Explain _____
4.28	TRISTATE CAPITAL BANK 301 Grant St Ste 2700 Pittsburgh, PA 15219	Line <u>3.163</u> <input type="checkbox"/> Not listed. Explain _____
4.29	VISION FINANCIAL GROUP INC. 615 Iron City Dr Pittsburgh, PA 15205	Line <u>3.163</u> <input type="checkbox"/> Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a. + \$	0.00
5b. + \$	4,965,931.73
5c. \$	4,965,931.73

Fill in this information to identify the case:

Debtor name River Meadows, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name **River Meadows, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

D
 E/F
 G

2.1

Street

City

State

Zip Code

2.2

Street

City

State

Zip Code

D
 E/F
 G

2.3

Street

City

State

Zip Code

D
 E/F
 G

2.4

Street

City

State

Zip Code

D
 E/F
 G

Fill in this information to identify the case:

Debtor name **River Meadows, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

For prior year:

From **1/01/2018** to **12/31/2018**

Operating a business

\$0.00

Other _____

For year before that:

From **1/01/2017** to **12/31/2017**

Operating a business

\$28,398,230.00

Other _____

For the fiscal year:

From **1/01/2016** to **12/31/2016**

Operating a business

\$34,607,188.00

Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **River Meadows, LLC**

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Marion Foertch, as Administrator of estate of Ronald Foertch vs. River Meadows, LLC, et al. 5775/18	damages claim against Debtor in connection with death of Ronald Foertch	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Valerie Austin and Amanda Dillion, as Co-Administrators of Estate of Larry Austin vs. River Meadows, LLC, et al. 4038/17	damages claim against Debtor in connection with death of Ronald Foertch	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3. Barbara Brown vs. River Meadows, LLC 1471/2018	damages claim against Debtor by former nursing home resident	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4. CMS Compliance Group, Inc. v. River Meadows, LLC 206EF3857	breach of contract case against Debtor	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor River Meadows, LLC

Case number (if known) _____

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.5. Performance Food Group, Inc. v. River Meadows, LLC 18L006697	breach of contract (vendor claim)	Circuit Court of Cook County, IL	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6. Michael Farrugio, as Administrator of the Estate of Theresa Farrugio and Susan Karpen vs. River Meadows, LLC, et al. 3831/2017	damages claim against Debtor in connection with death of Theresa Farrugio [class action claims asserted]	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7. American Food & Vending Corp. vs. River Meadows LLC 01-18-0002-0675	AAA arbitration for breach of contract (vendor claim)	American Arbitration Associati 1301 Atwood Ave., Ste 211N Johnston, RI 02919	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8. Charles Greco, as Administrator of Estate of Joanne Shafer vs. River Meadows, LLC 1473/2018	damages claim against Debtor in connection with death of Joanne Shafer	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9. Warren Dunbar, as Executor of Estate of Judy Dunbar 1472/2018	damages claim against Debtor in connection with death of Judy Dunbar	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10 Michelle Heater vs Upstate Services Group, LLC, et al. 006254/17	damages claim against Debtor by former nursing home resident	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.11 Theodora Laduke, deceased. by Shirley Caolo as Administrator vs. River Meadows, LLC 2069/2018	damages claim against Debtor in connection with death of Theodora Laduke	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.12 James Makal, as Administrator of the Estate of Andrew Makal 4633/2017	damages claim against Debtor in connection with death of Andrew Makal	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.13 Thomas Carioti as Fiduciary of the Estate of Caroline Carioti 8403/2018	damages claim against Debtor in connection with death of Caroline Carioti	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.14 Mohawk Hospital Equipment Corp. v River Meadows, LLC, et al. 002573-2018	breach of contract (vendor claim)	Oneida Supreme Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor River Meadows, LLC

Case number (if known) _____

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.15 William Strack vs. River Meadows, LLC 9403/2018	damages claim against Debtor by former nursing home resident	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.16 Anthony Tangredi, deceased, by co-administrators of his estate vs. River Meadows, LLC 8684/2018	damages claim against Debtor in connection with death of Anthony Tangredi	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.17 Nancy Wilcox vs River Meadows, LLC 8909/18	damages claim against Debtor by former nursing home resident	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.18 Barbara Faraino, deceased, through Micheli Pontillo as Executor vs. River Meadows, LLC 011672/2018	damages claim against Debtor in connection with death of Barbara Faraino	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.19 Tammy LaForce, on behalf of Curt LaForce 2016EF5010	damages claim against Debtor in connection with death of Curt LaForce	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.20 Mary Gazzara as Fiduciary of the Estate of Mary Fragola 2016EF5230	damages claim against Debtor in connection with death of Mary Fragola	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.21 Scott Sauro as Fiduciary of Estate of Carolyn Robb vs. River Meadows LLC 2016EF5526	damages claim against Debtor in connection with death of Carolyn Robb	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.22 Anita Ciannilli and Fred Ciannilli vs River Meadows LLC 2016EF984	damages claim against Debtor by former nursing home resident	Onondaga Supreme Court 505 S State St Suite 110 Syracuse, NY 13202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.23 Investigation of River Meadows, LLC by NY State Attorney General's Office n/a	n/a	NY Attorney General	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

Debtor River Meadows, LLC

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.			
List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).			

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Starr & Starr, PLLC 260 Madison Ave., 17th Fl New York, NY 10016-2404	Attorney Fees	12/24/18	\$10,000.00

Email or website address _____

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

Debtor River Meadows, LLC**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
 - diagnosing or treating injury, deformity, or disease, or
 - providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.
 Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

No.
 Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

 None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

 None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor

River Meadows, LLC

Case number (if known) _____

 None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No. Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law? No. Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material? No. Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

 None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

Debtor River Meadows, LLC

Case number (if known) _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

 None**Name and address****Date of service
From-To**26a.1. **Excelerate Healthcare Services
4711 Golf Rd
Skokie, IL 60076****6/2015 - present**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

 None**Name and address****Date of service
From-To**26b.1. **Marcum LLP
Nine Parkway North
Suite 200
Deerfield, IL 60015****7/28/17**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None**Name and address****If any books of account and records are
unavailable, explain why**26c.1. **Excelerate Healthcare Services
4711 Golf Rd
Skokie, IL 60076**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None**Name and address**26d.1. **CIBC Bank
120 S LaSalle St
Chicago, IL 60603****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the
inventory****Date of inventory****The dollar amount and basis (cost, market,
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Judy Kushner	Excelerate Healthcare Services 4730 Route 9 South Howell, NJ 07731	Member	50%

Debtor River Meadows, LLC

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
Abraham Gutnicki	Gutnicki LLP 4711 Golf Road Suite 200 Skokie, IL 60076	Member	50%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No
 Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No
 Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 10, 2019

/s/ Abraham A. Gutnicki

Signature of individual signing on behalf of the debtor

Abraham A. Gutnicki

Printed name

Position or relationship to debtor Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

United States Bankruptcy Court
Northern District of New York

In re River Meadows, LLC

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>10,000.00</u>
Prior to the filing of this statement I have received	\$ <u>0.00</u>
Balance Due	\$ <u>10,000.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

advise Debtor re duties as a business debtor in a chapter 7 case; prepare reasonable amendments to schedules and statements as may be required; respond to reasonable inquiries of Debtor, Case trustee, Office of the U.S. Trustee, creditors and other parties in interest with respect to Debtor's case.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Any additional services other than those specified above.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

1/10/2019

Date

/s/ Stephen Z. Starr

Stephen Z. Starr

Signature of Attorney

Starr & Starr, PLLC

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(212) 867-8165 Fax: (212) 867-8139

Name of law firm

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK**

In re River Meadows, LLC,
DBA James Square Nursing & Rehabilitation Centre,

Debtor Case No.

Chapter 7

Social Security No(s). and all Employer's Tax Identification No(s). *[if any]*
47-3481602

CERTIFICATION OF MAILING MATRIX

I,(we), Stephen Z. Starr, the attorney for the debtor/petitioner (or, if appropriate, the debtor(s) or petitioner(s)) hereby certify under the penalties of perjury that the above/attached mailing matrix has been compared to and contains the names, addresses and zip codes of all persons and entities, as they appear on the schedules of liabilities/list of creditors/list of equity security holders, or any amendment thereto filed herewith.

Dated: January 10, 2019

/s/ Stephen Z. Starr

Stephen Z. Starr

Attorney for Debtor/Petitioner
(Debtor(s)/Petitioner(s))

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United States Bankruptcy Court
Northern District of New York

In re **River Meadows, LLC**

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for River Meadows, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None *[Check if applicable]*

January 10, 2019

Date

/s/ Stephen Z. Starr

Stephen Z. Starr

Signature of Attorney or Litigant
Counsel for River Meadows, LLC

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